Case 16-31183 Doc 1 Filed 09/30/16 Entered 09/30/16 10:56:52 Desc Main Document Page 1 of 56

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS		
Case number (if known)	Chapter you are filing under:	
	☐ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	Chapter 13	☐ Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's license or passport).	Sequita First name N. Middle name	First name Middle name
Bring your picture identification to your meeting with the trustee.		Ferguson	
		Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years	Sequita Murillo	
	Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-0935	

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Case number (if known)

Debtor 1 Sequita N. Ferguson

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):			
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years		■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.			
	Include trade names and doing business as names	Business name(s)	Business name(s)			
		EINs	EINs			
5.	Where you live	7137 South Albany	If Debtor 2 lives at a different address:			
		Chicago, IL 60629 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code			
		Cook				
		County	County			
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.			
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code			
6.	Why you are choosing this district to file for	Check one:	Check one:			
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.			
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)			

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Document Case number (if known) Debtor 1 Sequita N. Ferguson

ar	Tell the Court About	our Ba	ankruptcy Ca	se				
7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.						
	choosing to file under	☐ Ch	apter 7					
		☐ Ch	apter 11					
		□ Ch	apter 12					
		_	apter 13					
		_ 011	артет 15					
3.	How you will pay the fee		about how yo	entire fee when I file my p u may pay. Typically, if you a attorney is submitting your p address.	are paying	the fee yourself, you	ı may pay with cash	, cashier's check, or money
				the fee in installments. If ye in Installments (Official For		e this option, sign an	d attach the Applica	ation for Individuals to Pay
			-	uest that my fee be waived (You may request this option only if you are filing for Chapter 7. B				
			but is not requapplies to you		may do so able to pay	o only if your income the fee in installme	is less than 150% onts). If you choose t	of the official poverty line that this option, you must fill out
9.	Have you filed for bankruptcy within the last 8 years?	□ No.						
	•			Northern District of				
				Illinois, Eastern				
			District	Division	When	6/21/12	Case number	12B 22525-Chapter 7
			District		When		Case number	
			District		When		Case number	
10.	Are any bankruptcy cases pending or being	■ No						
	filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	☐ Yes	S.					
			Debtor				Relationship to y	ou
			District		When		_ Case number, if	known
			Debtor				Relationship to y	ou
			District	_	When		_ Case number, if	known
11.	Do you rent your	■ No.	Go to li	ine 12.				
	residence?	☐ Yes	s. Has yo	ur landlord obtained an evict	ion judgm	ent against you and	do you want to stay	in your residence?
				No. Go to line 12.				
				Yes. Fill out <i>Initial Statemer</i> bankruptcy petition.	nt About ar	n Eviction Judgment .	Against You (Form	101A) and file it with this

Document Page 4 of 56 Case number (if known) Debtor 1 Sequita N. Ferguson Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is alleged to pose a threat ☐ Yes. of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs immediate attention? needed, why is it needed?

Number, Street, City, State & Zip Code

Where is the property?

For example, do you own perishable goods, or livestock that must be fed,

or a building that needs urgent repairs?

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Debtor 1 Sequita N. Ferguson

Case number (if known)

15. Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

Explain Your Efforts to Receive a Briefing About Credit Counseling

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court. About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty.

> I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Document Page 6 of 56 Case number (if known) Debtor 1 Seguita N. Ferguson Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses ☐ Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses □ No are paid that funds will □ Yes be available for distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** 19. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? **\$100,001 - \$500,000** □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Sequita N. Ferguson Signature of Debtor 2 Sequita N. Ferguson Signature of Debtor 1

Executed on

MM / DD / YYYY

Executed on September 30, 2016

MM / DD / YYYY

Debtor 1 Sequita N. Ferguson Page 7 of 56 Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Raffy A. Kaplan	Date	September 30, 2016
Signature of Attorney for Debtor		MM / DD / YYYY
Raffy A. Kaplan Printed name		
Kaplan Bankruptcy Firm, LLC		
Firm name		
25 East Washington St		
Suite 1501		
Chicago, IL 60602		
Number, Street, City, State & ZIP Code		
Contact phone (312) 294-8989	Email address	rkaplan@financialrelief.com
6275234		
Par number & State		

		1700.11111	tii Paue o ui su	
Fill in this info	rmation to identify your	case:		
Debtor 1	Sequita N. Fergus	son		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

			assets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	9,625.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	9,625.00
Pai	t 2: Summarize Your Liabilities		
			iabilities nt you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	9,679.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	106,281.00
	Your total liabilities	\$	115,960.00
Pai	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	3,114.97
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	2,737.50
Pai	4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ır other sc	:hedules.
7.	■ Yes What kind of debt do you have?		

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Case number (if known) Debtor 1 Sequita N. Ferguson

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

2,850.00

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total	claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	80,000.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	80,000.00

			Document	Page 10 of 56		
Fill in	this inform	nation to identify your	case and this filing:			
Debto	r 1	Seguita N. Fergu	son			
Dobto	•	First Name	Middle Name	Last Name		
Debto	r 2					
(Spouse	, if filing)	First Name	Middle Name	Last Name		
United	States Bar	kruptcy Court for the:	NORTHERN DISTRICT OF ILL	INOIS		
•						_
Case	number			_		☐ Check if this is an amended filing
						amended ming
Offic	cial For	rm 106A/B				
Sch	edule	A/B: Prop	ertv			12/15
n each think it informa	category, se fits best. Be tion. If more every quest	eparately list and describ e as complete and accura space is needed, attach ion.	the items. List an asset only once. If ate as possible. If two married peop a separate sheet to this form. On the case of the	le are filing together, both ar he top of any additional page	e equally responsible for s	upplying correct
rant i.	Describe L	Lacii Nesidenee, Banami	g, Lana, or Other Rear Estate 100 0	Wil of Flave all interest in		
1. Do y	ou own or h	ave any legal or equitable	e interest in any residence, building	ı, land, or similar property?		
■ N	o Go to Part	2				
_ ``	0. 00 10 1 4.1	the property?				
	53. WHERE IS	the property:				
Part 2:	Describe Y	our Vehicles				
3. Ca rs	0	icks, tractors, sport u	tility vehicles, motorcycles			
3.1	Make: C	Chevy	Who has an interest in the	he property? Check one		claims or exemptions. Put
		lveo	■ Debtor 1 only			red claims on Schedule D: aims Secured by Property.
		2011	Debtor 2 only		Current value of the	Current value of the
	Approximate	mileage: 62	,000 Debtor 1 and Debtor 2	only	entire property?	portion you own?
_	Other inform	ation:	☐ At least one of the deb	tors and another		
	L4 Sedan	4D LT	Check if this is comn (see instructions)	nunity property	\$5,725.00	\$5,725.00
Exar _	nples: Boats		TVs and other recreational vehonal watercraft, fishing vessels, s			
■ N						
ПΥ	es					
			you own for all of your entries f . Write that number here			\$5,725.00
<u> </u>	I.a		at at the ma			
		our Personal and Hous		wing itams?		Current value of the
DO YO	u own or n	ave any legal or equit	able interest in any of the follow	wing items?		portion you own? Do not deduct secured claims or exemptions.
		ods and furnishings or appliances, furniture	e, linens, china, kitchenware			

□ No
Official Form 106A/B
Schedule A/B: Property

	Case 16-31183	Doc 1	Filed 09/30/16 Document	Entered 09/30/16 10:5 Page 11 of 56	6:52	Desc Main
Debtor 1	Sequita N. Ferguson		Boodinent	Case number ((if known)	
■ Yes.	Describe					
	miscell applian		ousehold furniture, f	urnishings, goods &		\$900.00
■ No	es: Televisions and radios; including cell phones, c			pment; computers, printers, scanners	; music co	ellections; electronic devices
☐ Yes.	Describe					
Example ■ No	bles of value es: Antiques and figurines; other collections, memo			ooks, pictures, or other art objects; sta	mp, coin, o	or baseball card collections;
		_				
Example No	ent for sports and hobbie es: Sports, photographic, e musical instruments Describe		other hobby equipment;	bicycles, pool tables, golf clubs, skis;	; canoes a	nd kayaks; carpentry tools;
10. Firearn						
Examp ■ No	oles: Pistols, rifles, shotgun	s, ammunitio	on, and related equipmer	nt		
☐ Yes.	Describe					
11. Clothes Examp □ No	s bles: Everyday clothes, furs	, leather coa	ats, designer wear, shoes	s, accessories		
Yes.	Describe					
	necess	ary wearin	ng apparel		1	\$800.00
12. Jewelry Examp	•	tume jewelry	, engagement rings, wed	dding rings, heirloom jewelry, watches	s, gems, go	old, silver
_	Describe					
13. Non-fa i	rm animals oles: Dogs, cats, birds, hors	ses				
■ No □ Yes.	Describe					
14. Any otl	her personal and househ	old items yo	ou did not already list, i	including any health aids you did n	ot list	
■ No □ Yes.	Give specific information					
	he dollar value of all of your art 3. Write that number h			nny entries for pages you have atta	ched	\$1,700.00
Part 4: Des	scribe Your Financial Assets				_	
	vn or have any legal or eq		rest in any of the follow	ving?		Current value of the portion you own? Do not deduct secured claims or exemptions.
16. Cash Examp	oles: Money you have in yo	ur wallet, in y	your home, in a safe dep	osit box, and on hand when you file y	our petitio	·

No

Schedule A/B: Property Official Form 106A/B page 2

		Case 16-31183	3 Doc 1	Filed 09/30/16 Document	Entered 09/30/16 10:56:52 Page 12 of 56	Desc Main
De	btor 1	Sequita N. Ferguso	on	Document	Case number (if known)	
	☐ Yes					
	Examp □ No	institutions. If you h		counts with the same ins		nouses, and other similar
	Yes			Institution r	arrie.	
		17.1	. Checking	Chase Ba	nnk	\$100.00
		17.2	. Savings	Chase Ba	nnk	\$500.00
		17.3	. Checking	Chase Ba	nk	\$400.00
18.		, mutual funds, or publ o <i>les:</i> Bond funds, investn		cks vith brokerage firms, mor	ney market accounts	
	■ No □ Yes		Institution or i	ssuer name:		
19.	Non-pu		d interests in ir	ncorporated and uninc	orporated businesses, including an interes	t in an LLC, partnership, and
	■ No					
	⊔ Yes.	Give specific information	n about them ame of entity:		% of ownership:	
20.	Negotia	able instruments include	personal check		egotiable instruments missory notes, and money orders. by signing or delivering them.	
	☐ Yes. (Give specific information Is:	n about them suer name:			
	Retiren Examp □ No	nent or pension accourt les: Interests in IRA, ER	nts RISA, Keogh, 40	1(k), 403(b), thrift saving	s accounts, or other pension or profit-sharing	plans
	Yes. I	List each account separa Type	ately. e of account:	Institution r	name:	
		401	(k)	Employe	<u>, </u>	\$1,200.00
22.	Your sl		sits you have ma		tinue service or use from a company ctric, gas, water), telecommunications compan	nies, or others
	☐ Yes			Institution r	name or individual:	
23.	Annuiti ■ No	ies (A contract for a peri	odic payment of	f money to you, either fo	r life or for a number of years)	
	☐ Yes	lssuer nai	me and descript	tion.		
24.		s in an education IRA, C. §§ 530(b)(1), 529A(b)			ogram, or under a qualified state tuition pro	gram.
	■ No □ Yes	Institution	name and desc	cription. Separately file t	ne records of any interests.11 U.S.C. § 521(c):	
25.	Trusts, ■ No	equitable or future into	erests in prope	erty (other than anythin	g listed in line 1), and rights or powers exe	ercisable for your benefit
		Give specific information	n about them			

D	ebtor 1	Sequita N. Ferguson	Document	Page 13	Cas	se number (if known)		
26	Exampa ■ No	, copyrights, trademarks, trade secrets, les: Internet domain names, websites, procedure specific information about them			agreements			
27.	Exampa ■ No	s, franchises, and other general intangiles: Building permits, exclusive licenses, co		n holdings, liq	uor licenses	, professional licens	es	
M	oney or p	roperty owed to you?					port Do r	rent value of the ion you own? not deduct secured ns or exemptions.
28	■ No	ands owed to you Sive specific information about them, include	ling whether you alrea	ady filed the r	eturns and t	he tax years		
29.	■ No	support les: Past due or lump sum alimony, spousa Give specific information	l support, child suppo	ort, maintenar	nce, divorce	settlement, property	settlemer	nt
30	Example ■ No	mounts someone owes you les: Unpaid wages, disability insurance pay benefits; unpaid loans you made to sor Give specific information		efits, sick pay	, vacation pa	ay, workers' compe	nsation, S	ocial Security
31.		s in insurance policies les: Health, disability, or life insurance; heal	lth savings account (h	HSA); credit,	homeowner'	s, or renter's insurar	nce	
	☐ Yes. N	lame the insurance company of each polic Company name:	y and list its value.	1	Beneficiary:		Su val	rrender or refund ue:
32.	If you a someon	erest in property that is due you from so re the beneficiary of a living trust, expect proper has died. Give specific information			y, or are cur	rently entitled to reco	eive prope	erty because
33.	Example No	against third parties, whether or not you les: Accidents, employment disputes, insura			demand for	payment		
34.	34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No □ Yes. Describe each claim							
35.	■ No	ancial assets you did not already list Give specific information						
36		ne dollar value of all of your entries from rt 4. Write that number here						\$2,200.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

Debt	tor 1	Case 16-31183	Doc 1	Filed 09/3 Docume		Entered 09 Page 14 of	9/30/16 10:56:52 56 Case number (if known)	Desc Main
Debt	-	Sequita N. Ferguson					Case Humber (II known)	
	•	n or have any legal or equi	itable interest	in any business-	related p	roperty?		
	No. Go to	o Part 6.						
	Yes. Go	to line 38.						
Part 6		ribe Any Farm- and Commo			You Ow	n or Have an Interes	st In.	
46. D	o vou c	own or have any legal or	r equitable in	iterest in any fa	arm- or o	commercial fishin	ng-related property?	
_		o to Part 7.		,			J	
[☐ Yes.	Go to line 47.						
Part 7	7:	Describe All Property You	Own or Have a	n Interest in Tha	t You Did	d Not List Above		
		nave other property of a es: Season tickets, countr			list?			
	I _{No}	oc. Codoon donoto, codina,	y oldo mombo	510111p				
		ive specific information						
		•						
54.	Add the	e dollar value of all of yo	our entries fr	om Part 7. Writ	e that n	umber here		\$0.00
Part 8	8: L	ist the Totals of Each Part	of this Form					
55.	Part 1	Total real estate, line 2						\$0.0
		Total vehicles, line 5				\$5,725.00		Ψ0.0
		Total personal and hou	sehold items	s, line 15		\$1,700.00		
		Total financial assets, li		•		\$2,200.00		
59.	Part 5:	Total business-related	property, line	e 45	_	\$0.00		
60.	Part 6:	Total farm- and fishing-	related prop	erty, line 52		\$0.00		
61.	Part 7:	Total other property no	t listed, line	54	+	\$0.00		
62	Total -	oroonal proporty. A delice	naa EG thes	h C1		#0.00E.00	Cany paragral property	otal #C COE 4
0∠.	i Otai p	ersonal property. Add lir	nes so inroug	1101		\$9,625.00	Copy personal property t	otal \$9,625.0

Official Form 106A/B Schedule A/B: Property page 5

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$9,625.00

		17000000	111 FAUE 13 ULS	
Fill in this infor	rmation to identify your	case:		
Debtor 1	Sequita N. Fergus	son		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)				☐ Check if this is amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Specific laws that allow exemption

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

	Schedule A/B that lists this property	portion you own	Aiii	ount of the exemption you claim	opcome laws that allow exemption	
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.		
	2011 Chevy Aveo 62,000 miles L4 Sedan 4D LT	\$5,725.00		\$2,400.00	735 ILCS 5/12-1001(c)	
	Line from Schedule A/B: 3.1			100% of fair market value, up to any applicable statutory limit		
miscellaneous household furniture, furnishings, goods & appliances Line from Schedule A/B: 6.1	\$900.00		\$900.00	735 ILCS 5/12-1001(b)		
				100% of fair market value, up to any applicable statutory limit		
necessary wearing apparel Line from Schedule A/B: 11.1	,	\$800.00		\$800.00	735 ILCS 5/12-1001(a)	
	Line Holl Schedule A/D.			100% of fair market value, up to any applicable statutory limit		
	Checking: Chase Bank Line from Schedule A/B: 17.1	\$100.00		\$100.00	735 ILCS 5/12-1001(b)	
	Line Holl Goreage 7/2. 11.1			100% of fair market value, up to any applicable statutory limit		
	Savings: Chase Bank Line from Schedule A/B: 17.2	\$500.00		\$500.00	735 ILCS 5/12-1001(b)	
	Line Irom Schedule A/B: 11.2			100% of fair market value, up to any applicable statutory limit		

Document Page 16 of 56 Debtor 1 Sequita N. Ferguson Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B **Checking: Chase Bank** 735 ILCS 5/12-1001(b) \$400.00 \$400.00 Line from Schedule A/B: 17.3 100% of fair market value, up to any applicable statutory limit 401(k): Employer 735 ILCS 5/12-1006 \$1,200.00 \$1,200.00 Line from Schedule A/B: 21.1 100% of fair market value, up to any applicable statutory limit

Entered 09/30/16 10:56:52

Desc Main

3.	you claiming a homestead exemption of more than \$160,375? bject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.
	No
	Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
	□ No

Filed 09/30/16

Yes

Case 16-31183

Doc 1

Case	10-31103	Document	Page 1	tu 09/30/10 10.: 7 of 56	50.52 Desc N	ılalı i
Fill in this informati	on to identify you		Paue I	/ () .)()		
	Sequita N. Ferg First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Bankru	uptcy Court for the	: NORTHERN DISTRICT OF ILL	INOIS			
Case number						
(if known)					☐ Check	if this is an
					amend	ded filing
Official Form 1	06D					
		s Who Have Claims	Socuro	d by Droport		40/45
Scriedule D.	Creditors	S Who Have Claims S	<u>secure</u>	u by Propert	<u>y </u>	12/15
		If two married people are filing togethe out, number the entries, and attach it t				
I. Do any creditors hav	e claims secured b	y your property?				
☐ No. Check this	s box and submit t	this form to the court with your other	schedules. Y	ou have nothing else t	o report on this form.	
Yes. Fill in all	of the information	below.				
Part 1: List All Se	ecured Claims					
for each claim. If more	than one creditor ha	more than one secured claim, list the crec s a particular claim, list the other creditors ical order according to the creditor's name	s in Part 2. As	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
2.1 Capital One	Auto Finance	Describe the property that secures the	he claim:	\$9,679.00	\$5,725.00	\$0.00
Creditor's Name		2011 Chevy Aveo 62,000 mile L4 Sedan 4D LT	es			
c/o CB Dispu		As of the date you file, the claim is: (Check all that			
P.O. Box 259	-	apply.	JIIOK ali tilat			
Plano, TX 75		Contingent				
Number, Street, City	, State & ZIP Code	☐ Unliquidated☐ Disputed				
Who owes the debt?	Check one.	Nature of lien. Check all that apply.				
■ Debtor 1 only		☐ An agreement you made (such as n	nortgage or se	cured		
Debtor 2 only		car loan)				
☐ Debtor 1 and Debtor	r 2 only	☐ Statutory lien (such as tax lien, med	chanic's lien)			
☐ At least one of the d						
☐ Check if this claim community debt	relates to a	Other (including a right to offset)	PMSI			
Date debt was incurre	d 09/18/2014	Last 4 digits of account numb	per xxxx			
Add the dollar value	of your entries in C	Column A on this page. Write that numb	per here:	\$9,67	9.00	
		the dollar value totals from all pages.		\$9,67		
Write that number he	ere:			Ψ3,01		

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Debtor 1 Sequita N. Ferguson First Name Middle Name Last Name Debtor 2 (Spouse if, filling) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (If NORTHERN DISTRICT OF ILLINOIS) Case number Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims Base as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other part any accuratory contracts or unexpired leases that could result in a claim. Nals olist executory contracts or schedule A'B: Property (Official Form 106XP) and Schedule G: Executory Contracts and Unexpired Leases (Official Form 106Q). Do not include any creditors with partially secured claims that are listed in Schedule G: Executory Contracts and Unexpired Leases is needed, copy the Part you need the state of the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write you name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2: List All of Your NonPRIORITY Unsecured Claims 3. Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes. 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2. Total claim		Case 10-31103 L	Document	Page 18	R of 56	2 Desciviani
Debtor 2 (Spouse 8, filing) First Name Middle Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (if thrown) Check if this is an amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 2a sa complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other part any executory contracts as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other part any executory contracts as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other part any executory contracts and fluencying elases (Official Form 166, Do not include any creditors with partially secular claims that are listed in schedule. Secularly claims and care united particularly any executory contracts and fluency in the part of the part	Fill in	this information to identify your				
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United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number Check if this is an amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NORRIORITY claims. List the other part we executory contracts or unexplored leases that could result in a claim. Also list executory contracts or Schedule AB: Property (Official Form 106G), Do not include any creditors with hornical state of in Schedule Centrol with partially secured claims Scured by Property. If more space is needed, copy the Part you need, ill it out, uneed, lill it out, uneed, lill it out, uneed, lill it out, uneed in the continuation Page to this page, if you have no information to report in a Part, do not file that Part. On the top of any additional pages, write you amen and case number (if known). Part 3: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. Yes. 4. List all of Your NONPRIORITY Unsecured Claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes. 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is, a creditor has more than one nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claims in the determinance of the creditor shape in the creditor has none than three priority insecured claims in the creditor has particular claim. If a creditor has more than one nonpriority unsecured c						
Case number ((if known) Check if this is an amended filling Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other part any executory contracts and Unexpired Leases (Official Form 106G), no include any creditors with partially secured claims that relisted in Schedule 6: Executory Contracts and Unexpired Leases (Official Form 106G), no include any creditors with partially secured claims that relisted in Schedule 6: Executory Contracts and Unexpired Leases (Official Form 106G), no include any creditors with partially secured claims that relisted in Schedule 6: Executory Contracts and Unexpired Leases (Official Form 106G), no include any creditors with partially secured claims are listed in Schedule 6: Executory Contracts and Unexpired Leases (Official Form 106G), no include any creditors with partially secured claims that relisted in Schedule 6: Executory Contracts and Unspired Part 2: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules.	(Spouse	e if, filing) First Name	Middle Name	Last Name		
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Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other part any executory contracts or unseptived leases that could result in a claim. Also list executory contracts on Schedule AB: Property (Official Form 1666). Do not include any creditors with partially secured claims that are listed in Schedule D: Executory Contracts and Unexpired Leases (Official Form 1666). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entires in the boxes on the Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write you name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes. 4. List all of Your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the order creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2. Advocate Christ Medical Center Nonpriority Creditor's Name P.O. Box 4256 Number Street (Diy State Zip Code Who incurred the debtor's and another Contingent Debtor 1 only Debtor 1 and Debtor 2 only Disputed Disputed Disputed Disputed Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 only Debtor 1 and Debtor 3 only Debtor 3 particular claims is for a community debt Debtor 4 priority claims Debtor 5 priority claims Debtor 5	O.(: J = 400=/=				
Base acomplete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other part may accurate or unexpired leases that could result in a claim. Also list avecuary contracts on schedule APIs Property (Official Form 169/8) and of Schedule Or. Executation of None and Colories Secured to Property if more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write you have not more and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. Yes. Part 2: List All of Your NONPRIORITY Unsecured Claims 3. Do any creditors have nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor sparately for each claim. For each claim listed, identify what type of claim it is. Do not it claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2. Advocate Christ Medical Center Nonpriority Creditors Name P.O. Box 4256 Number Streat City State Jip Code Who incurred the debt? Check one. Debtor 1 and Debtor 2 only As of the date you file, the claim is: Check all that apply When was the debt incurred? Carol Stream, IL 60197-4256 Number Streat City State Jip Code Who incurred the debtors and another Carolistic state and another Carolistic state and country that the control claims is: Check all that apply When was the debt incurred? Carol Stream, IL 60197-4256 Number Streat City State Jip Code Who incurred the debtors and another Carolistic state of the debtors and another Carolistic stat				.		40/45
any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule AIB. Property (Official Form 106AIB) and oschedule of Executory Contracts and Unexpired Leases (Official Form 106AIB). Do not include any creditors that partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the first that have not information to report in a Part, do not file that Part. On the top of any additional pages, write you name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. Yes. 1. List All of Your NONPRIORITY Unsecured Claims 2. Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes. 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2. Advocate Christ Medical Center Nonpriority Creditor's Name P.O. Box 4256 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 only Contingent Debtor 2 only As of the date you file, the claim is: Check all that apply When was the debt incurred? Carol Stream, IL 60197-4256 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 only Check if this claim is for a community debt Is the claim subject to offset? Debtor 1 only Debtor 2 only Debtor	Sch	edule E/F: Creditors W	no Have Unsecured	Claims		12/15
1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. Yes. No. Go to Part 2. Yes. List All of Your NONPRIORITY Unsecured Claims No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes. No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes. 1	Schedu eft. Att	ule D: Creditors Who Have Claims Sect ach the Continuation Page to this pag	ured by Property. If more space is r	needed, copy t	he Part you need, fill it out, num	nber the entries in the boxes on the
No. Go to Part 2. Yes.	Part 1	List All of Your PRIORITY Un	secured Claims			
Yes. Part 2: List All of Your NONPRIORITY Unsecured Claims List All of Your Nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes. Yes. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.	1. Do	o any creditors have priority unsecured	d claims against you?			
List All of Your NONPRIORITY Unsecured Claims So any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes. Yes.		No. Go to Part 2.				
3. Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes. 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2. **Total claim** Advocate Christ Medical Center Last 4 digits of account number 7320 \$412.5 Nonpriority Creditor's Name When was the debt incurred? Carol Stream, IL 60197-4256 As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only Contingent Unliquidated Disputed Disp		Yes.				
No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes. 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2. Total claim 4.1 Advocate Christ Medical Center Nonpriority Creditor's Name P.O. Box 4256 Carol Stream, IL 60197-4256 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Check if this claim is for a community debt Is the claim subject to offset? No Debts to pension or profit-sharing plans, and other similar debts	Part 2	List All of Your NONPRIORIT	Y Unsecured Claims			
4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2. 4.1 Advocate Christ Medical Center Nonpriority Creditor's Name P.O. Box 4256 Carol Stream, IL 60197-4256 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Debtor 1 onlyse of NonPRIORITY unsecured claims: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	3. Do	o any creditors have nonpriority unsec	ured claims against you?			
4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2. Advocate Christ Medical Center		$oldsymbol{l}$ No. You have nothing to report in this pa	art. Submit this form to the court with	your other sche	dules.	
unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.lf you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2. 4.1		Yes.				
Advocate Christ Medical Center Nonpriority Creditor's Name P.O. Box 4256 Carol Stream, IL 60197-4256 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Last 4 digits of account number 7320 When was the debt incurred? As of the date you file, the claim is: Check all that apply Check all that apply State Zlp Code Who incurred the debt? Check one. Unliquidated Debtor 2 only Disputed Type of NoNPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	un tha	secured claim, list the creditor separately an one creditor holds a particular claim, li	for each claim. For each claim listed	, identify what ty	ype of claim it is. Do not list claims	already included in Part 1. If more
Nonpriority Creditor's Name P.O. Box 4256 Carol Stream, IL 60197-4256 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No No When was the debt incurred? As of the date you file, the claim is: Check all that apply When was the debt incurred? As of the date you file, the claim is: Check all that apply Unliquidated Unliquidated Unliquidated Uper of NonPRIORITY unsecured claim: Student loans Uplications arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts						Total claim
P.O. Box 4256 Carol Stream, IL 60197-4256 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No When was the debt incurred? As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	4.1	Advocate Christ Medical Ce	nter Last 4 digits of acco	ount number	7320	\$412.50
Carol Stream, IL 60197-4256 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts			When we she dake	: 10		
Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts				incurred?		
□ Debtor 1 only □ Contingent □ Debtor 2 only □ Unliquidated □ Debtor 1 and Debtor 2 only □ Disputed □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ Check if this claim is for a community debt □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts				ile, the claim is	s: Check all that apply	
□ Debtor 2 only □ Unliquidated □ Debtor 1 and Debtor 2 only □ Disputed □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ Debts to pension or profit-sharing plans, and other similar debts		Who incurred the debt? Check one.				
□ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts		Debtor 1 only	☐ Contingent			
□ At least one of the debtors and another □ Check if this claim is for a community debt □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ No □ Debts to pension or profit-sharing plans, and other similar debts		☐ Debtor 2 only	☐ Unliquidated			
□ Check if this claim is for a community debt □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ No □ Debts to pension or profit-sharing plans, and other similar debts		☐ Debtor 1 and Debtor 2 only	☐ Disputed			
debt Obligations arising out of a separation agreement or divorce that you did not report as priority claims No		☐ At least one of the debtors and and	_ `	ITY unsecured	l claim:	
Is the claim subject to offset? ■ No □ Debts to pension or profit-sharing plans, and other similar debts		☐ Check if this claim is for a comm	nunity			
■ No □ Debts to pension or profit-sharing plans, and other similar debts					ration agreement or divorce that y	ou did not
		<u> </u>				
☐ Yes ☐ Other. Specify Medical			•		g plans, and other similar debts	
		Yes	Other. Specify	Medical		

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Sequita N. Ferguson	Case number (if know)	
Advocate Health & Hospitals Corp. Nonpriority Creditor's Name	Last 4 digits of account number	\$115.55
c/o Harris & Harris 111 W. Jackson, Ste. 400 Chicago, IL 60604-4134	When was the debt incurred?	
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
■ Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
No	\square Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify Medical	
AES/Education Services	Last 4 digits of account number	\$80,000.00
Nonpriority Creditor's Name P.O. Box 61047 Harrisburg, PA 17106	When was the debt incurred?	
Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
Check if this claim is for a community	Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	Other. Specify	
	Student Loan(s)	
Americash Loans Nonpriority Creditor's Name	Last 4 digits of account number 0224	\$3,126.23
880 Lee Street Ste. 300	When was the debt incurred?	
Des Plaines, IL 60016		
Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
■ Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	$\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	Debts to pension or profit-sharing plans, and other similar debts	
□ Yes	■ Other. Specify Personal Loan	

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Debtor 1 Sequita N. Ferguson Case number (if know) 4.5 \$3,006.00 Avant Last 4 digits of account number 95xx Nonpriority Creditor's Name 222 North LaSalle Street When was the debt incurred? 01/15/2015 Ste. 1700 Chicago, IL 60601 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Personal Loan** Other, Specify 4.6 **Big Picture Loans** Last 4 digits of account number \$1,520.00 Nonpriority Creditor's Name P.O. Box 704 07/07/2016 When was the debt incurred? Watersmeet, MI 49969 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Personal Loan ☐ Yes 4.7 **Capital One Bank** \$578.00 Last 4 digits of account number XXXX Nonpriority Creditor's Name P.O. Box 30281 When was the debt incurred? 05/04/2015 Salt Lake City, UT 84130-0281 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes

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Debtor	1 Sequita N. Ferguson	Case number (if know)	
4.8	Commonwealth Edison Company Nonpriority Creditor's Name	Last 4 digits of account number XXXX	\$271.00
	c/o Contract Callers, Inc. 501 Greene St., Ste. 302 Augusta, GA 30901	When was the debt incurred? 01/21/2015	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other Specify Utility	
		— Officer, opening	
4.9	Elastic Loan Nonpriority Creditor's Name	Last 4 digits of account number	\$2,500.00
	c/o Republic Bank & Trust Company	When was the debt incurred?	
	P.O. Box 950276 Louisville, KY 40295 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	$\hfill \square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Personal Loan	
4.1	Elevate	Last 4 digits of account number XXXX	\$3,691.00
	Nonpriority Creditor's Name 4150 International Plaza	When was the debt incurred? 09/25/2015	
	Ste. 300 Fort Worth, TX 76109 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	\square Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	□ Yes	Other Specify Credit card purchases	

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Debtor 1 Sequita N. Ferguson Case number (if know) 4.1 **First Premier** \$992.00 XXXX Last 4 digits of account number Nonpriority Creditor's Name 3820 N. Louise Ave. When was the debt incurred? 08/11/2013 Sioux Falls, SD 57107 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes 4.1 **Kay Jewelers** \$323.00 Last 4 digits of account number **XXXX** Nonpriority Creditor's Name 375 Ghent Rd. When was the debt incurred? 07/08/2013 Akron, OH 44333-4601 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit card purchases ☐ Yes 4.1 Kohl's \$302.00 XXXX Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 3115 When was the debt incurred? 05/12/2015 Milwaukee, WI 53201 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

Document Page 23 of 56 Case number (if know) Debtor 1 Sequita N. Ferguson 4.1 Makes Cents, d/b/a MaxLend 9752 \$825.00 Last 4 digits of account number 4 Nonpriority Creditor's Name P.O. Box 639 When was the debt incurred? Parshall, ND 58770 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Personal Loan ☐ Yes 4.1 Merrick Bank \$1,494.00 Last 4 digits of account number **XXXX** Nonpriority Creditor's Name P.O. Box 1500 When was the debt incurred? 12/05/2012 Draper, UT 84020 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit card purchases ☐ Yes 4.1 Midwest Orthopaedic Consultants 9330 \$105.00 6 Last 4 digits of account number Nonpriority Creditor's Name 75 Remittance Drive When was the debt incurred? Ste. 6581 Chicago, IL 60675-6581 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims

■ No

☐ Yes

■ Other. Specify Medical

 \square Debts to pension or profit-sharing plans, and other similar debts

Document Page 24 of 56 Debtor 1 Sequita N. Ferguson Case number (if know) 4.1 Money Messiah \$985.00 Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 1469 When was the debt incurred? Kahnawake, Quebec JOL 1B0 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Personal Loan 4.1 Niiwin, LLC/Lendgreen.com 6500 \$1,583.93 Last 4 digits of account number 8 Nonpriority Creditor's Name P.O. Box 221 When was the debt incurred? 07/14/2016 Lac Du Flambeau, WI 54538 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Personal Loan ☐ Yes 4.1 **Peoples Gas** \$283.00 XXXX 9 Last 4 digits of account number Nonpriority Creditor's Name c/o Enhanced Recovery Company When was the debt incurred? 09/07/2015 P.O. Box 57547 Jacksonville, FL 32241 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims

■ No

☐ Yes

■ Other. Specify Utility

 \square Debts to pension or profit-sharing plans, and other similar debts

	Case 10-31183 DUC 1	Filed 09/30/10 _Effleted 09/30/10 10.50.52 DeSC N	rairi
Debt	or 1 Sequita N. Ferguson	Document Page 25 of 56 Case number (if know)	
4.2 0	RISE Credit of Illinois, LLC	Last 4 digits of account number	\$3,568.81
	Nonpriority Creditor's Name 4150 International Plaza Ste. 300 Fort Worth, TX 76109	When was the debt incurred?	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	\square Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify Personal Loan	
4.2 1	Speedycash.com	Last 4 digits of account number 0737	\$449.29
	Nonpriority Creditor's Name c/o Ad Asta Recovery Service 8918 West 21st Street North, #200 Wichita, KS 67205	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	\square Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Personal Loan	
4.2	Spot Loan	Last 4 digits of account number 2111	\$149.69
2	Nonpriority Creditor's Name		V 1.10100
	P.O. Box 927	When was the debt incurred?	
	Palatine, IL 60078-0927 Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	As of the date you me, the damins. Offects all that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
		☐ Disputed	
	Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another	Student loans	

Part 3: List Others to Be Notified About a Debt That You Already Listed

■ Other. Specify Personal Loan

 \square Obligations arising out of a separation agreement or divorce that you did not

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

debt

■ No

☐ Yes

report as priority claims

Is the claim subject to offset?

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

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Debtor 1 Sequita N. Ferguson		Case number (if know)	
Name and Address	On which costs in Dark 4 on Dark 0	did one link the contribute and are discord.	
Advocate Health Care	On which entry in Part 1 or Part 2 Line 4.2 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims	
Patient Financial Services	_ (Part 2: Creditors with Nonpriority Unsecured Claims	
PO Box 129		Tan 2. Ground of man red product of a mile	
Lombard, IL 60148	Last 4 digits of account number		
Name and Address	On which entry in Part 1 or Part 2	did you list the evisinal are diter?	_
Name and Address Internal Revenue Service*	Line 4.3 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims	
P.O. Box 7346	<u></u> or (enemies).	Part 2: Creditors with Nonpriority Unsecured Claims	
Philadelphia, PA 19101-7346	Land delimina of account or makes	— Fait 2. Ordators with Northfoling Oriscourca Grainis	
	Last 4 digits of account number		
Name and Address	On which entry in Part 1 or Part 2		
ISAC* 1755 Lake Cook Rd.	Line 4.3 of (Check one):	Part 1: Creditors with Priority Unsecured Claims	
Deerfield, IL 60015-5209		■ Part 2: Creditors with Nonpriority Unsecured Claims	
,,	Last 4 digits of account number		
Name and Address	On which entry in Part 1 or Part 2	did you list the original creditor?	
Navient	Line 4.3 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims	
P.O. Box 9500 Wilkes Barre, PA 18773		■ Part 2: Creditors with Nonpriority Unsecured Claims	
Wilkes Baile, FA 10773	Last 4 digits of account number		
Name and Address	On which entry in Part 1 or Part 2	did you list the original creditor?	_
PHEAA/Edfinancial	Line 4.3 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims	
120 North Seven Oaks Drive		■ Part 2: Creditors with Nonpriority Unsecured Claims	
Knoxville, TN 37922	Last 4 digits of account number		
Name and Address	On which entry in Part 1 or Part 2	did you list the original creditor?	
Speedy Cash Illinois, Inc.	Line 4.21 of (<i>Check one</i>):	Part 1: Creditors with Priority Unsecured Claims	
8701 South Cottage Grove Ave.		Part 2: Creditors with Nonpriority Unsecured Claims	
Chicago, IL 60619	Last 4 digits of account number	·	
Name and Address	On which entry in Part 1 or Part 2	did you list the original creditor?	_
Speedy Cash/Rapid Cash	Line 4.21 of (<i>Check one</i>):	☐ Part 1: Creditors with Priority Unsecured Claims	
Customer Relations		Part 2: Creditors with Nonpriority Unsecured Claims	
3611 N. Ridge Rd.		and the second s	
Wichita, KS 67205-1214	Last 4 digits of account number		

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
				Total Claim
	6f.	Student loans	6f.	\$ 80,000.00
Total claims				
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 26,281.00

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Debtor 1 Sequita N. Ferguson

Total Nonpriority. Add lines 6f through 6i.

6j. 106,281.00

Fill in this infor	Il in this information to identify your case:					
Debtor 1	Sequita N. Fergu	son				
	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS			
Case number						
,						

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with	n whom you have the court, Street, City, State and ZIP Co	contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.2					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.3	<u> </u>		- Claid		
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.4	U.Ly			2 0000	
2.4	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.5					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
	- Ny		Ciaio		

		Docume	nt Page 29 d)I 56	
Fill in this i	nformation to identify your				
Debtor 1	Seguita N. Fergus	son			
20010	First Name	Middle Name	Last Name		
Debtor 2	, <u> </u>	A			
(Spouse if, filing) First Name	Middle Name	Last Name		
United State	es Bankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case numbe	er				
(if known)					☐ Check if this is an
					amended filing
Official	Form 106H				
		al-(
Schedi	ule H: Your Cod	eptors			12/15
■ No □ Yes 2. Withit Arizona ■ No. 0	in the last 8 years, have you, California, Idaho, Louisiana, Go to line 3. Did your spouse, former spou	l lived in a community pr Nevada, New Mexico, Pu	operty state or territor erto Rico, Texas, Wash	r y? (Community propert	ty states and territories include
in line 2 Form 1 out Col	2 again as a codebtor only i 06D), Schedule E/F (Official	f that person is a guaran Form 106E/F), or Sched	tor or cosigner. Make	sure you have listed to 06G). Use Schedule D, Column 2: The cre	g with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fill editor to whom you owe the debt
Na	ame, Number, Street, City, State and Zi	r Code		Check all schedule	es tnat apply:
3.1				Schedule D, lin	ne
N	ame			☐ Schedule E/F,	
				☐ Schedule G, lin	ne
N	umber Street			_	
С	ity	State	ZIP Code		
3.2				D Schedule D, lin	ne
N	ame			Schedule E/F,	
				☐ Schedule G, lin	ne
	umber Street			_	
С	ity	State	ZIP Code		

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Fill	in this information	to identify your ca	ase:							
Deb	otor 1	Sequita N. F	erguson			_				
	otor 2 buse, if filing)					_				
Uni	ted States Bankrup	otcy Court for the	NORTHERN DISTRIC	T OF ILLINOIS						
	se number						Check if this is An amendo A supplem 13 income	ed filing		
O	fficial Form	1061					MM / DD/		3 · · · · ·	
So	chedule I:	Your Inco	ome				WWW.7 227			12/15
spo	use. If you are ser	parated and you	are married and not filir r spouse is not filing wi On the top of any addition	th you, do not	include infor	mation	about your sp	ouse. If more	space is	needed,
1.	Fill in your emplinformation.	loyment		Debtor 1			Debtor	2 or non-filin	g spouse	
	If you have more		Employment status	■ Employed			☐ Empl	oyed		
	information abou	ach a separate page with ormation about additional	Linployment status	☐ Not emplo	yed		☐ Not €	employed		
	employers.		Occupation	Developme	ntal Asst.					
	Include part-time self-employed wo	ork.	Employer's name	Michael's D Company	evelopmen	tal				
	Occupation may or homemaker, if		Employer's address	542 South Dearborn Chicago, IL 60605						
			How long employed th	nere? 2 y	ears					
Par	t 2: Give De	etails About Mon	thly Income							
	mate monthly incurse unless you are		ate you file this form. If y	ou have nothing	g to report for	any line	e, write \$0 in the	space. Inclu	de your noi	n-filing
	u or your non-filing e space, attach a s		ore than one employer, co	mbine the inform	mation for all e	employe	rs for that perso	on on the line	s below. If y	you need
						F	or Debtor 1	For Debto		
2.			ry, and commissions (be calculate what the monthly		e. 2.	\$	4,166.28	\$	N/A	
3.	Estimate and lis	t monthly overti	me pay.		3.	+\$	0.00	+\$	N/A	
4.	Calculate gross	Income. Add lin	ne 2 + line 3.		4.	\$	4,166.28	\$	N/A	

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Deb	tor 1	Sequita N. Ferguson	-	С	ase	number (if known)				
				Ì	For	Debtor 1		Debtor filing s	2 or spouse	
	Cop	by line 4 here	4.		\$	4,166.28	\$		N/A	
5.	List	all payroll deductions:								
-	5a.	Tax, Medicare, and Social Security deductions	5a.		\$	884.65	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b.		\$_	166.66	\$		N/A	_
	5c.	Voluntary contributions for retirement plans	5c.		\$ 	0.00	\$		N/A	_
	5d.	Required repayments of retirement fund loans	5d		\$_	0.00	\$		N/A	_
	5e.	Insurance	5e.		\$	0.00	\$		N/A	1
	5f.	Domestic support obligations	5f.		\$	0.00	\$		N/A	_
	5g.	Union dues	5g.		\$	0.00	\$		N/A	
	5h.	Other deductions. Specify:	5h	.+	\$_	0.00	+ \$		N/A	<u>\</u>
6.		I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	,	_	1,051.31	\$		N/A	_
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	,	₿	3,114.97	\$		N/A	1
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.		\$	0.00	\$		N/A	
	8b.	Interest and dividends	8b.		\$	0.00	\$		N/A	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.		\$	0.00	\$		N/A	<u>.</u>
	8d.	Unemployment compensation	8d.		\$	0.00	\$		N/A	_
	8e.	Social Security	8e.		\$	0.00	\$		N/A	<u>\</u>
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.		\$	0.00	\$		N/A	
	8g.	Pension or retirement income	8g.		\$	0.00	\$		N/A	_
	8h.	Other monthly income. Specify:	8h	.+	\$_	0.00	+ \$		N/A	<u> </u>
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$		0.00	\$		N/	A
10	Cal	culate monthly income. Add line 7 + line 9.	10.	\$		3,114.97 + \$		N/A	= \$	3,114.97
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		Ψ_		3,114.37 1 Ψ_		11//		3,114.37
11.	Star Incli othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not accify:	depe		,	,	•	chedule 11.		0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certain lies						12.	\$	3,114.97
13.	Do :	you expect an increase or decrease within the year after you file this form No.	?						Combi month	ned ly income
	_	Voc Evolain								

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Etti	in this informe	tion to identify yo	ur caca:	,		1		
	in this information					Ob -	eck if this is:	
Dep	ntor r	Sequita N. Fe	erguson			Che	An amended filing	
	otor 2						A supplement show 13 expenses as of	wing postpetition chapter
` .	ouse, if filing)							the following date.
Unit	ed States Bankr	ruptcy Court for the:	NORTH	HERN DISTRICT OF ILLIN	OIS		MM / DD / YYYY	
	e number nown)							
Of	fficial Fo	rm 106J						
So	chedule	J: Your I	Exper	ises				12/1
info	ormation. If m		eded, atta	. If two married people ar ich another sheet to this n.				
Par	t 1: Descr	ibe Your House	hold					
1.	Is this a joir	nt case?						
	No. Go to			ata bassada NO				
		s Debtor 2 live i	n a separ	ate nousehold?				
			t file Offici	al Form 106J-2, Expenses	for Separate House	ehold of Del	otor 2.	
2.		e dependents?	_	, ,				
۷.	Do not list Do	•	□ No	Fill out this information for	Danandantia valat	ianahin 4a	Danandantia	Daga danandant
	Debtor 2.	ebior i and	Yes.	each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents				Daughter		4	Yes
					Danaktan		40	□ No
					Daughter			■ Yes
								□ No □ Yes
								□ No
								☐ Yes
3.		enses include		No				
		f people other th d your depender		Yes				
Est exp	imate your ex		our bankr	y Expenses uptcy filing date unless y y is filed. If this is a supp				
the	lude expense value of such ficial Form 10	n assistance and	non-cash d have ind	government assistance i cluded it on <i>Schedule I:</i> \	f you know <i>our Incom</i> e		Your exp	enses
(Oil	ilciai Foriii 10	юі.)						
4.		or home owners and any rent for the		ses for your residence. I or lot.	nclude first mortgag	e 4.	\$	950.00
	If not includ	led in line 4:						
	4a. Real e	estate taxes				4a.	\$	0.00
		rty, homeowner's	, or renter	's insurance		4b.	·	0.00
				upkeep expenses		4c.	·	0.00
5		owner's associati		dominium dues our residence, such as ho	mo oquity loose	4d. 5.		0.00
5.	Auditional f	nortyaye payme	HILD FOF VO	our residence, such as no	me equity loans	J	J	0.00

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Sequita	N. Ferguson	Case num	ber (if known)	
lities:				
	y, heat, natural gas	6a.	\$	180.00
	· · · · · · · · · · · · · · · · · · ·	6b.	\$	0.00
			·	236.00
•			·	0.00
				600.00
	. •		·	0.00
			·	130.00
-	· · · · · · · · · · · · · · · · · · ·		· -	
	•		·	90.00
	•	11.	>	40.00
		12.	\$	350.00
			·	41.50
			·	0.00
	unbations and religious donations	14.	Ψ	0.00
	insurance deducted from your pay or included in lines 4 or 20			
		15a.	\$	0.00
			•	0.00
				120.00
				0.00
	· · ·		·	0.00
	molade taxes deducted from your pay or included in lines 4 of 20.	16.	\$	0.00
	lease navments:			0.00
		17a.	\$	0.00
			· -	0.00
			•	0.00
	·		·	0.00
	·		Ψ	0.00
			\$	0.00
		0.,.	\$	0.00
		19.		
	perty expenses not included in lines 4 or 5 of this form or on S	Schedule I: Yo	our Income.	
				0.00
		20b.	\$	0.00
. Property,	homeowner's, or renter's insurance	20c.	\$	0.00
		20d.	\$	0.00
				0.00
			·	0.00
ici. Opcony.			ΙΨ	0.00
•	· · · · · · · · · · · · · · · · · · ·			
a. Add lines 4	4 through 21.		\$	2,737.50
o. Copy line 2	22 (monthly expenses for Debtor 2), if any, from Official Form 106J	l-2	\$	
. Add line 22	2a and 22b. The result is your monthly expenses.		\$	2,737.50
			· —	
•	•		_	
	• ,		·	3,114.97
c. Copy you	ur monthly expenses from line 22c above.	23b.	-\$	2,737.50
	your monthly expenses from your monthly income.	220	\$	377.47
				311.41
	It is your monthly net income.	23c.	Ψ	
The resul	It is your <i>monthly net income.</i>			
The result you expect	It is your <i>monthly net income.</i> an increase or decrease in your expenses within the year afte	er you file this	form?	or decrease because of
you expect example, do y	It is your monthly net income. an increase or decrease in your expenses within the year after you expect to finish paying for your car loan within the year or do you expect	er you file this	form?	or decrease because of
you expect example, do y	It is your <i>monthly net income.</i> an increase or decrease in your expenses within the year afte	er you file this	form?	e or decrease because c
	lities: Electricity Water, se Telephor Other. Sp od and hous ildcare and othing, laune rsonal care dical and de insportation not include a tertainment aritable con urance. not include in tertainment aritable con urance. The life insur to Health in to Vehicle in to Other inst tecify: tallment or to Car payn to Car payn to Other. Sp tur payment tucted from the payment the payment tucted from the payment the paym	lities: Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Other. Specify: od and housekeeping supplies ildcare and children's education costs whing, laundry, and dry cleaning rsonal care products and services dical and dental expenses insportation. Include gas, maintenance, bus or train fare. not include car payments. tertainment, clubs, recreation, newspapers, magazines, and books aritable contributions and religious donations urance. not include insurance deducted from your pay or included in lines 4 or 20. a. Life insurance b. Health insurance Vehicle insurance. Do not include taxes deducted from your pay or included in lines 4 or 20. acity: tallment or lease payments: a. Car payments for Vehicle 1 b. Car payments for Vehicle 1 c. Other. Specify: d. Other. Specify: tur payments of alimony, maintenance, and support that you did not reporducted from your pay on line 5, Schedule 1, Your Income (Official Form 10 ter payments you make to support others who do not live with you. secify: ter real property expenses not included in lines 4 or 5 of this form or on 5 a. Mortgages on other property b. Real estate taxes c. Property, homeowner's, or renter's insurance d. Maintenance, repair, and upkeep expenses d. Homeowner's association or condominium dues her: Specify: liculate your monthly expenses d. Add lines 4 through 21.	Electricity, heat, natural gas Electricity, heat, natural gas Water, sewer, garbage collection Telephone, cell phone, Internet, satellite, and cable services Cother. Specify: Cot and housekeeping supplies Cother. Specify: Cot and housekeeping supplies Cother. Specify: Cot and housekeeping supplies Cothing, laundry, and dry cleaning Cothing, laundry, and dry cleaning Cothing, laundry, and dry cleaning Cother specify: Cother s	Ities: Electricity, heat, natural gas Ga. \$

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Fill in this inform	nation to identify your	case:		
Debtor 1	Sequita N. Fergus		LactNone	
Debtor 2	First Name	Middle Name	Last Name	
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bar	nkruptcy Court for the:	NORTHERN DISTRIC	T OF ILLINOIS	
Case number				
(if known)				☐ Check if this is an amended filing
				amended ming
Official Form	<u> 106Dec</u>			
Declarati	ion About a	ın Individua	I Debtor's Sched	ules 12/15
If two married pe	ople are filing together	r, both are equally response	onsible for supplying correct info	rmation.
				a false statement, concealing property, or
	or property by fraud in 3 U.S.C. §§ 152, 1341, 1		kruptcy case can result in fines u	up to \$250,000, or imprisonment for up to 20
,	33,,	,		
Sign	Below			
Did you nay	or agree to hav some	one who is NOT an atto	rney to help you fill out bankrupte	cy forms?
Dia you pay	o. agree to pay come		moy to note you am out build up.	, io
■ No				
☐ Yes. N	ame of person			Attach Bankruptcy Petition Preparer's Notice,
				Declaration, and Signature (Official Form 119)
	ty of perjury, I declare true and correct.	that I have read the sun	nmary and schedules filed with th	is declaration and
X /s/ Sequ	uita N. Ferguson		X	
Sequita	N. Ferguson		Signature of Debtor 2	
Signature	e of Debtor 1			

Date

Date September 30, 2016

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Fill i	n this inform	ation to identify you	r case:			
Debt	or 1	Sequita N. Fergu	Middle Name	Last Name		
Debt		First Name	Middle Nome	Last Name		
	se if, filing)		Middle Name			
Unite	ed States Ban	kruptcy Court for the:	NORTHERN DISTRICT (OF ILLINOIS		
Case (if kno	e number				-	Check if this is an amended filing
Sta Be as	s complete a	of Financial		are filing together, both are	ankruptcy equally responsible for sup additional pages, write yo	
numk). Answer every ques	stion. Irital Status and Where You	Lived Before		
		current marital statu		Elveu Belole		
1	■ Married □ Not marr	ried				
2. I	During the la	st 3 years, have you	lived anywhere other than	where you live now?		
 	■ No □ Yes. List	all of the places you l	ived in the last 3 years. Do no	ot include where you live now		
	Debtor 1 Pri	or Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
					ity property state or territor co, Texas, Washington and V	
	■ No □ Yes. Mal	ke sure you fill out <i>Sch</i>	nedule H: Your Codebtors (Of	fficial Form 106H).		
Part	2 Explain	the Sources of You	r Income			
I	Fill in the total	I amount of income yo	nployment or from operatin u received from all jobs and a have income that you receive	all businesses, including part-		ndar years?
	□ No ■ Yes. Fill	in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		of current year until I for bankruptcy:	■ Wages, commissions, bonuses, tips	\$38,458.00	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

Official Form 107

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Debtor 1 Sequita N. Ferguson

				Debtor 1			Debtor 2		
				Sources of income Check all that apply.	Gross income (before deduct exclusions)		Sources of inco		Gross income (before deductions and exclusions)
	For last calendar year: (January 1 to December 31, 2015)			■ Wages, commissions, \$46,540.00 bonuses, tips		☐ Wages, combonuses, tips	missions,		
			[☐ Operating a business			☐ Operating a l	ousiness	
		dar year bef December 3	31 2014 \	■ Wages, commissions, conuses, tips	\$63	3,433.00	☐ Wages, combonuses, tips	missions,	
			Ι	☐ Operating a business			☐ Operating a I	ousiness	
5.	Include include and other winnings. List each s	come regard public benef If you are fili	less of whether it payments; pe ng a joint case a	that income is taxable. Exansions; rental income; interand you have income that ye from each source separate	amples of other in rest; dividends; m rou received toge	come are a oney collec ther, list it o	ted from lawsuits; nly once under De	royalties; and btor 1.	
			D	ebtor 1			Debtor 2		
			S	ources of income describe below.	Gross income each source (before deduct exclusions)		Sources of inco Describe below.		Gross income (before deductions and exclusions)
Par	t 3: List	Certain Pa	yments You M	ade Before You Filed for I	Bankruptcy				
6.	□ No.	Neither De individual puring the No. Yes	90 days before Go to line 7. List below each paid that credinatinclude part of the properties of the p	debts primarily consumerator 2 has primarily consumerator 2 has primarily consumersonal, family, or household you filed for bankruptcy, district. Do not include paymenty ments to an attorney for the 4/01/19 and every 3 years both have primarily consumpout filed for bankruptcy, districts for domestic support of its bankruptcy case.	Imer debts. Consider purpose." If you pay any created a total of \$6,425 at some that for case after that for case and you pay any created a total of \$600 at a total	editor a tota 5* or more i upport oblig se. ses filed on editor a tota or more and	of \$6,425* or more pay ations, such as che or after the date of of \$600 or more?	e? ments and the support and adjustment.	ne total amount you nd alimony. Also, do
	Creditor'	s Name and	I Address	Dates of payme	nt Total a	amount	Amount you	Was this p	payment for
						paid	still owe		

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7.	Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.								
	NoYes. List all payments to an insider.								
	Insider's Name and Address	Dates of payment	Total amount paid	Amount y		this payment			
3.	Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cost		ments or transfer a	iny property	on account of a d	ebt that benefited an			
	No								
	Yes. List all payments to an insider								
	Insider's Name and Address	Dates of payment	Total amount paid	Amount y still o		this payment litor's name			
Par	t 4: Identify Legal Actions, Repossession	ns, and Foreclosures							
9.	Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details.								
	Case title Case number	Nature of the case	Court or agency		Status of th	ne case			
10.	Within 1 year before you filed for bankrupt Check all that apply and fill in the details below No. Go to line 11. Yes. Fill in the information below. Creditor Name and Address		rty repossessed, f		arnished, attached	d, seized, or levied? Value of the			
		Explain what happened	ı			property			
11.	Within 90 days before you filed for bankrul accounts or refuse to make a payment bed No Yes. Fill in the details. Creditor Name and Address	ptcy, did any creditor, incl	uding a bank or fir		ution, set off any a	amounts from your Amount			
	Creditor Name and Address	Describe the action the	Creditor took		taken	Amount			
	 Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No Yes List Certain Gifts and Contributions								
					•				
13.	Within 2 years before you filed for bankrup No Yes. Fill in the details for each gift.	otcy, did you give any gifts	s with a total value	of more than	1 \$600 per person	?			
	Gifts with a total value of more than \$600 per person	Describe the gifts			Dates you gave the gifts	Value			
	Person to Whom You Gave the Gift and Address:								

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18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not

include gifts and transfers that you have already listed on this statement.

No

Yes. Fill in the details.

Person Who Received Transfer Address

Person's relationship to you

Description and value of property transferred

Describe any property or payments received or debts paid in exchange

Date transfer was made

Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

Nο

Yes. Fill in the details. П

Name of trust

Description and value of the property transferred

Date Transfer was made

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Pai	tt 8: List of Certain Financial Accounts, In	struments, Safe Depos	sit Boxes, and St	orage Uni	ts			
20.	Within 1 year before you filed for bankrupto sold, moved, or transferred? Include checking, savings, money market, houses, pension funds, cooperatives, asso No Yes. Fill in the details.	or other financial acco	unts; certificates	of depos		, ,		
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account instrument	unt or	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer		
21.	Do you now have, or did you have within 1 cash, or other valuables? No Yes. Fill in the details.	year before you filed fo	or bankruptcy, ar	ny safe de	posit box or other depo	sitory for securities,		
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had ac Address (Number, State and ZIP Code)		Describe	the contents	Do you still have it?		
22.	Have you stored property in a storage unit ■ No □ Yes. Fill in the details.	or place other than you	ur home within 1	year befo	re you filed for bankrup	tcy?		
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or to it? Address (Number, State and ZIP Code)		Describe	the contents	Do you still have it?		
Pai	t 9: Identify Property You Hold or Contro	I for Someone Else						
23.	Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.							
	■ No □ Yes. Fill in the details.							
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the pro (Number, Street, City Code)		Describe	the property	Value		
Pa	t 10: Give Details About Environmental Inf	formation						
For	the purpose of Part 10, the following definit	ions apply:						
	Environmental law means any federal, state toxic substances, wastes, or material into tregulations controlling the cleanup of these	the air, land, soil, surfa	ce water, ground					
	Site means any location, facility, or propert to own, operate, or utilize it, including disp	•	environmental l	aw, wheth	ner you now own, operat	te, or utilize it or used		
Rep	ort all notices, releases, and proceedings th	nat you know about, reg	gardless of when	they occ	urred.			
24.	Has any governmental unit notified you that	nt you may be liable or	potentially liable	under or i	in violation of an enviro	nmental law?		
	■ No □ Yes. Fill in the details.							
	Name of site	Governmental	nit	Envir	onmontal law if you	Data of notice		

Address (Number, Street, City, State and

ZIP Code)

know it

Address (Number, Street, City, State and ZIP Code)

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25.	Have you notified any governmental unit of any release of hazardous material?									
		No								
		Yes. Fill in the details.								
		me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)		Environmental law, if you know it	Date of notice				
26.	Hav	e you been a party in any judicial or adm	inistrative proceeding under any envi	ronm	nental law? Include settlements a	nd orders.				
		se Title se Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nati	ure of the case	Status of the case				
Par	t 11:	Give Details About Your Business or C	Connections to Any Business							
27.	Witl	hin 4 years before you filed for bankrupto	cy, did you own a business or have an	y of t	the following connections to any	business?				
	☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time									
		☐ A member of a limited liability compa	any (LLC) or limited liability partnershi	ip (Ll	LP)					
	☐ A partner in a partnership									
	☐ An officer, director, or managing executive of a corporation									
	☐ An owner of at least 5% of the voting or equity securities of a corporation									
	■ No. None of the above applies. Go to Part 12.									
	Yes. Check all that apply above and fill in the details below for each business.									
	Business Name Des		Describe the nature of the business		Employer Identification number Do not include Social Security number or I					
		mber, Street, City, State and ZIP Code)	Name of accountant or bookkeeper		•					
	Dates business existed									
28.	Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.									
	■ No □ Yes. Fill in the details below.									
	Name Address (Number, Street, City, State and ZIP Code)									

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Debtor 1 Sequita N. Ferguson

Part 12: Sign Below		
are true and correct. I un	derstand that making a false an result in fines up to \$250	al Affairs and any attachments, and I declare under penalty of perjury that the answers statement, concealing property, or obtaining money or property by fraud in connection,000, or imprisonment for up to 20 years, or both.
/s/ Sequita N. Fergus	on	
Sequita N. Ferguson Signature of Debtor 1		Signature of Debtor 2
Date September 30, 2016		Date
Did you attach additional	pages to Your Statement o	f Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?
■ No		
☐ Yes		
Did you pay or agree to p	oay someone who is not an a	attorney to help you fill out bankruptcy forms?
■ No		
☐ Yes. Name of Person	. Attach the Bankruptcy	Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation	
\$245	filing fee	
\$75	administrative fee	
+ \$15	trustee surcharge	
\$335	total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Use for cases filed on or after September 19, 2016)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtor and the attorney that conflicts with this agreement is void.

A. BEFORE THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.

- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.
- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

B. AFTER THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and, when the case is called, for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce).
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor, in advance, the role and identity of the other attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.
- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Prepare, file, and serve a notice of conversion to Chapter 7, pursuant to § 1307(a) of the Bankruptcy Code and Local Bankruptcy Rule 1017-1.
- 17. Provide any other legal services necessary for the administration of the case.

C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under Chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the Chapter 7 case for any unpaid fees and expenses, pursuant to § 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

D. RETAINERS AND PREVIOUS PAYMENTS

1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.

☑ The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:

- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the Chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;

- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the Chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation, the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing, including the date(s) any such fees were paid.

E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

[Remaining page intentionally left blank.]

F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00.
- 2. In addition, the debtor will pay the filing fee required in the case and other expenses of \$310.00.
- 3. Before signing this agreement, the attorney has received, \$0.00

toward the flat fee, leaving a balance due of \$4,000.00; and \$0.00 for expenses,

leaving a balance due for the filing fee of \$0.00.

4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

Date: 09 3 - 201

Signed:

Seguita N. Ferguson

Raffy A. Kaplan 6275234

Attorney for the Debtor(s)

Debtor(s)

Do not sign this agreement if the amounts are blank.

Local Bankruptcy Form 23c

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B2030 (Form 2030) (12/15)

United States Bankruptcy CourtNorthern District of Illinois

In r	e	Sequita N. Fei	rgusc	on			Case No.		
						Debtor(s)	Chapter	13	
		DIS	CLO	OSURE OF COM	PENSATIO	ON OF ATTOR	NEY FOR DI	EBTOR(S)	
1.	cor	rsuant to 11 U .S.C npensation paid to	C. § 32 o me v	29(a) and Fed. Bankr. P. 2	2016(b), I certife filing of the pe	fy that I am the attorne etition in bankruptcy, o	ey for the above nan or agreed to be paid	ned debtor(s) and that to me, for services rendere	d or to
				ave agreed to accept				4,000.00	
				his statement I have recei				0.00	
								4,000.00	
2.	\$_	310.00 of the	filing	g fee has been paid.					
3.	The	e source of the co	mpens	sation paid to me was:					
		Debtor		Other (specify):					
4.	The	e source of compe	ensatic	on to be paid to me is:					
		Debtor		Other (specify):					
5.		I have not agree	d to sh	pare the above-disclosed c	compensation v	vith any other nerson u	inless they are mem	here and associates of my l	aw firm
٥.	■ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.								
				the above-disclosed comp t, together with a list of the				or associates of my law fireched.	m. A
6.	In	return for the abo	ve-dis	sclosed fee, I have agreed	to render legal	service for all aspects	of the bankruptcy of	ease, including:	
	b. c.	Preparation and f	iling of the d	of any petition, schedules, lebtor at the meeting of cr	, statement of a	ffairs and plan which i	may be required;	file a petition in bankruptcy	v ;
7.	Ву	agreement with the	he deb	otor(s), the above-disclose	ed fee does not	include the following	service:		
					CERTI	FICATION			
this		ertify that the fore kruptcy proceedin		is a complete statement of	of any agreeme	nt or arrangement for p	payment to me for r	epresentation of the debtor((s) in
,	Sep	tember 30, 201	6			/s/ Raffy A. Kaplan	1		
1	Date	?			_	Raffy A. Kaplan 62 Signature of Attorney			
						Kaplan Bankruptc			
						25 East Washingto			
						Suite 1501 Chicago, IL 60602			
						(312) 294-8989 Fa	nx: (312) 294-899	5	
						rkaplan@financial	relief.com		
						Name of law firm			

United States Bankruptcy Court Northern District of Illinois

In re	Sequita N. Ferguson		Case No.					
		Debtor(s)	Chapter	13				
	VERIFICATION OF CREDITOR MATRIX							
		Number of C	Creditors:	30				
	The above-named Debtor(s) h (our) knowledge.	hereby verifies that the list of credito	rs is true and	correct to the best of my				
Date:	September 30, 2016	/s/ Sequita N. Ferguson Sequita N. Ferguson Signature of Debtor						

Advocate Christ Medical Center P.O. Box 4256 Carol Stream, IL 60197-4256

Advocate Health & Hospitals Corp. c/o Harris & Harris 111 W. Jackson, Ste. 400 Chicago, IL 60604-4134

Advocate Health Care Patient Financial Services PO Box 129 Lombard, IL 60148

AES/Education Services P.O. Box 61047 Harrisburg, PA 17106

Americash Loans 880 Lee Street Ste. 300 Des Plaines, IL 60016

Avant 222 North LaSalle Street Ste. 1700 Chicago, IL 60601

Big Picture Loans P.O. Box 704 Watersmeet, MI 49969

Capital One Auto Finance c/o CB Disputes P.O. Box 259407 Plano, TX 75025

Capital One Bank P.O. Box 30281 Salt Lake City, UT 84130-0281

Commonwealth Edison Company c/o Contract Callers, Inc. 501 Greene St., Ste. 302 Augusta, GA 30901

Elastic Loan c/o Republic Bank & Trust Company P.O. Box 950276 Louisville, KY 40295

Elevate 4150 International Plaza Ste. 300 Fort Worth, TX 76109

First Premier 3820 N. Louise Ave. Sioux Falls, SD 57107

Internal Revenue Service*
P.O. Box 7346
Philadelphia, PA 19101-7346

ISAC*
1755 Lake Cook Rd.
Deerfield, IL 60015-5209

Kay Jewelers
375 Ghent Rd.
Akron, OH 44333-4601

Kohl's P.O. Box 3115 Milwaukee, WI 53201

Makes Cents, d/b/a MaxLend P.O. Box 639 Parshall, ND 58770

Merrick Bank P.O. Box 1500 Draper, UT 84020

Midwest Orthopaedic Consultants 75 Remittance Drive Ste. 6581 Chicago, IL 60675-6581

Money Messiah
P.O. Box 1469
Kahnawake, Quebec JOL 1B0

Navient P.O. Box 9500 Wilkes Barre, PA 18773

Niiwin, LLC/Lendgreen.com P.O. Box 221 Lac Du Flambeau, WI 54538

Peoples Gas c/o Enhanced Recovery Company P.O. Box 57547 Jacksonville, FL 32241

PHEAA/Edfinancial 120 North Seven Oaks Drive Knoxville, TN 37922

RISE Credit of Illinois, LLC 4150 International Plaza Ste. 300 Fort Worth, TX 76109

Speedy Cash Illinois, Inc. 8701 South Cottage Grove Ave. Chicago, IL 60619

Speedy Cash/Rapid Cash Customer Relations 3611 N. Ridge Rd. Wichita, KS 67205-1214

Speedycash.com c/o Ad Asta Recovery Service 8918 West 21st Street North, #200 Wichita, KS 67205

Spot Loan
P.O. Box 927
Palatine, IL 60078-0927